



**VA ELECTRONIC HEALTH RECORD MODERNIZATION
(EHRM) SYSTEM
PERFORMANCE WORK STATEMENT (PWS)
DEPARTMENT OF VETERANS AFFAIRS**

Office of Electronic Health Record Modernization (OEHRM)

EHRM Wave 2 Deployment

TAC-19-56982

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1.0 BACKGROUND

The mission of the Department of Veterans Affairs (VA) is to provide benefits and services to Veterans of the United States. In meeting these goals, VA strives to provide high quality, effective, and efficient Information Technology (IT) services to those responsible for providing care to the Veterans at the point-of-care as well as throughout all the points of the Veterans' health care in an effective, timely and compassionate manner. VA depends on Information Management/Information Technology (IM/IT) systems to meet mission goals.

On May 17, 2018, VA entered into a ten-year indefinite-delivery, indefinite-quantity (ID/IQ) sole-source contract with Cerner Government Services, Inc. (Cerner) to acquire the Electronic Health Record (EHR) system being deployed by the Department of Defense (DoD) and related services for deployment and transition across the VA enterprise in a manner that meets VA needs, and which will enable seamless healthcare to Veterans and qualified beneficiaries. Procurement of a single common system across VA and DoD shall achieve VA's goal of seamless care for Veterans by facilitating the transition of active duty military members to VA and improving their timely access to the highest quality of care.

Cerner's EHR solution shall provide VA with a single system that can store and retrieve administrative, clinical, laboratory, radiology, pharmacy and scheduling data, and can interact with other internal and external systems. Modernization of VA's EHR will support a Veteran-centric, team-based care model, with modern decision support tools; clinical information content services; identification, communication and standardization of care paths; and resource provisioning. This will improve interoperability, performance, and user experience for the majority of the health care delivery and ancillary teams responsible for directly or indirectly providing health care services; and in turn will improve quality, safety, and timeliness of health care services delivered to Veterans.

Cerner shall provide Wave 2 deployment of a comprehensive EHR solution and services as specifically defined in the EHRM Basic contract. For purposes of this PWS, the VA EHR solution will be referred to as the VA Electronic Health Record Modernization (EHRM).

2.0 APPLICABLE DOCUMENTS

The documents in Paragraph 3.0 in the EHRM Basic PWS apply to the performance of this effort. As a result, there are no additional referenced documents.

3.0 SCOPE OF WORK

The Contractor shall conduct Wave 2 deployment activities for the following VISN 20 Sites and associated facilities:
Portland VA Medical Center (VAMC),

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Vancouver VAMC and
Roseburg VAMC.

Deployment tasks include planning, workflow, design decision and data collection approval, system build, test and evaluation, training, production release, post deployment support and successful completion of the tasks and accomplishment of the metrics required for the deployment to be considered complete.

3.1 APPLICABILITY

This Task Order (TO) effort PWS is within the scope of paragraphs 5.6.1 through 5.6.13 of the EHRM Basic PWS.

3.2 ORDER TYPE

The effort shall be proposed on a Firm Fixed Price (FFP) basis.

4.0 PERFORMANCE DETAILS

4.1 PERFORMANCE PERIOD

The estimated period of performance (PoP) for this effort shall be 15 months from initiation of Wave 2 deployment activities, followed by an estimated 90-day Post Go-Live support period. The period of performance shall cover all efforts associated with deployment, change management, go-live, sustainment, and all other tasks as indicated in the PWS. Wave deployment activities under this Task Order shall not commence without prior approval from an authorized VA representative (e.g. VA PM, VA COR, CO) based on the results of the Current State Review (CSR) activities.

4.2 PLACE OF PERFORMANCE

Efforts under this TO shall be performed at the contractor site, Wave 2 locations with their associated facilities, and any VA location identified for EHRM test evaluation, user test activities or training activities such as EHRM program office in Washington DC or VA simulation learning centers. Wave 2 locations include VAMC locations and their associated facilities as discovered and identified during the Current State Reviews.

4.3 TRAVEL OR SPECIAL REQUIREMENTS

The Government anticipates travel to perform the tasks associated with the effort, as well as to attend program-related meetings or conferences throughout the PoP. Include all estimated travel costs in your firm-fixed price line items. These costs will not be directly reimbursed by the Government.

The total estimated number of trips for this effort shall be proposed by the Contractor. Anticipated locations include, but are not limited to; Washington, DC and identified Wave 2 sites. The Contractor shall review travel under this TO on a quarterly

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basis. Based on this quarterly review, the Contractor shall inform VA of project risks related to travel.

4.4 CONTRACT MANAGEMENT

All requirements of Section 9.0 of the EHRM Basic PWS apply to this effort. This TO shall be addressed in the Contractor's Monthly Progress Report as set forth in the EHRM Basic contract.

4.5 GOVERNMENT FURNISHED PROPERTY

The Government has multiple remote access solutions available to include Citrix Access Gateway (CAG), Site-to-Site Virtual Private Network (VPN), and RESCUE VPN.

The Government's issuance of Government Furnished Equipment (GFE) is limited to Contractor personnel requiring direct access to the network to: development environments; install, configure and run Technical Reference Model (TRM) approved software and tools (e.g., Oracle, Fortify, Eclipse, SoapUI, WebLogic, LoadRunner); upload/download/ manipulate code, run scripts, and apply patches; configure and change system settings; check logs, troubleshoot/debug, and test/QA.

When necessary, the Government will furnish desktops or laptops, for use by the Contractor to access VA networks, systems, or applications to meet the requirements of this PWS. The overarching goal is to determine the most cost-effective approach to providing needed access to the VA environment coupled with the need to ensure proper Change Management principles are followed. Contractor personnel shall adhere to all VA system access requirements for on-site and remote users in accordance with VA standards, local security regulations, policies and rules of behavior. GFE shall be approved by the Contracting Officer's Representative (COR) and Program Manager (PM) on a case-by-case basis prior to issuance.

Based upon the Government assessment of remote access solutions and requirements of this TO, the Government estimates that the following GFE will be required by this effort:

1. 80 Standard laptops

The Government will not provide IT accessories including but not limited to Mobile Wi-Fi hotspots/wireless access points, additional or specialized keyboards or mice, laptop bags, extra charging cables, extra Personal Identity Verification card readers, peripheral devices, or additional Random Access Memory (RAM). The Contractor is responsible for providing these types of IT accessories in support of this effort as necessary and any VA installation required for these IT accessories shall be coordinated with the COR.

4.6 SECURITY AND PRIVACY

All requirements in Section 7.0 of the EHRM Basic PWS apply to this effort.

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It has been determined that protected health information may be disclosed or accessed and a signed Business Associate Agreement (BAA) shall be required. The Contractor shall adhere to the requirements of the BAA executed between OEHRM and Cerner Corporation; and shall comply with VA Directive 6066 and VHA Handbook 1605.05.

4.6.1 POSITION/TASK RISK DESIGNATION LEVEL(S)

The position sensitivity and the level of background investigation commensurate with the required level of access for all PWS tasks is Tier3/Non-Critical Sensitive in accordance with Section 8.7 of the EHRM Basic PWS.

The Tier3/ Non-Critical Sensitive Position Sensitivity and Background Investigation requirements identify, in effect, the Background Investigation requirements for Contractor individuals, based upon the tasks the particular Contractor individual will be working. The submitted Contractor Staff Roster must indicate the required Background Investigation Level for each Contractor individual based upon the tasks the Contractor individual will be working, in accordance with their submitted proposal.

5.0 WAVE 2 TASKS AND DELIVERABLES

The Contractor shall conduct Wave deployment activities for identified Wave 2 VAMC Sites and associated facilities. Specifically, the Contractor shall perform the following:

5.1 PROJECT INITIATION PHASE - PROJECT MANAGEMENT

5.1.1 CONTRACTOR PROJECT MANAGEMENT PLAN

The Contractor shall deliver a Contractor Project Management Plan (CPMP) that lays out the Contractor's approach, timeline and tools to be used in execution of this TO effort. The CPMP should take the form of both a narrative and graphic format that displays the schedule, milestones, risks and resource support. The CPMP shall also include how the Contractor shall coordinate and execute planned, routine, and ad hoc data collection reporting requests as identified within the PWS. The initial baseline CPMP shall be concurred upon and updated in accordance with Section B of the TO. The Contractor shall update and maintain the VA Program Manager (PM) approved CPMP throughout the PoP.

Deliverable:

- A. Contractor Project Management Plan

5.1.2 REPORTING REQUIREMENTS

The Contractor shall provide a Monthly Progress Report in accordance with Section 9.6.1.1 of the EHRM Basic PWS.

The Monthly Progress Report shall include % complete progress for all workflows, and Data Collection Workbook (DCW).

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Deliverable:

- A. Monthly Progress Report

5.1.3 VETERAN-FOCUSED INTEGRATION PROCESS (VIP) REPORTING

The Contractor shall provide project and technical documentation pertaining to deployment activities as defined in VIP for Major Programs including, but not limited to, the deliverables defined in the guide as of time of award. Note that the VIP reporting guide is expected to evolve to meet VA OI&T reporting requirements.

Deliverable:

- A. Artifacts outlined within the VIP for Major Programs – Deployment Guide.

5.1.4 COORDINATION WITH EHRM TASK ORDER TEAMS

The Contractor shall coordinate scheduling and go-live activities with the EHRM Data Migration, Functional Baseline, Technical Baseline and other TO teams contributing to deployment activities to ensure all stakeholders are informed of risks, timelines, and go-live tasks required. The Contractor shall tailor communications, training, and change management content to wave deployment sites. The Contractor shall provide monthly status updates in the Monthly Progress Report focused on deployment go-live activities to ensure effective communication between the relevant task order teams.

5.1.5 SITE READINESS CHECKLIST

The Contractor shall prepare and monitor a site-readiness checklist for each deployment site covering equipment and infrastructure requirements identified during Current State Reviews as well as all other readiness activities required for deployment. The checklist shall be updated monthly and provided to the VA PM/COR for follow-up with all parties involved in checklist activities:

- Infrastructure upgrade
- Medical device purchase, installation, device driver updates, and configuration
- IT equipment purchase, installation and configuration
- Facility construction activities as required
- Other items required for deployment

Deliverable:

- A. Site-readiness checklist

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5.1.6 TECHNICAL KICKOFF MEETING

The Contractor shall hold a technical kickoff meeting within 10 days after TO award. The Contractor shall present, for review and approval by the Government, the details of the intended approach, work plan, and project schedule for each effort. The Contractor shall specify dates, locations (can be virtual), agenda (shall be provided to all attendees at least five calendar days prior to the meeting), and meeting minutes (shall be provided to all attendees within three calendar days after the meeting). The Contractor shall invite the Contracting Officer (CO), Contract Specialist (CS), COR, and the VA PM.

For the Technical Kickoff Meeting, the Contractor shall prepare a draft Executive brief to support the VA Site Kick-off, including:

- 1) Cerner commercial pre-brief
- 2) Governance and Site Leadership Structures
- 3) Local Site Coordination (including identification and mapping of VA roles/resources needed for the Deployment activities on a per site basis)
- 4) Roadmap and Timeline
- 5) Value Objectives, metrics, and Key Performance Indicators (KPIs), as defined by the Functional Baseline TO 5

Following the Technical Kick-off meeting and within 5 days following VA feedback, the Contractor shall provide Final pre-Deployment Briefing Materials ready for the VA Site Kickoff.

Deliverable:

- A. Pre-Deployment Briefing Materials

5.1.7 DEPLOYMENT PLAN

The Contractor shall expand upon the TO 1 PM deliverable, Deployment Strategy, and building upon the Tailored Wave Cerner Site Review (CSR) Plans developed for Wave 2 CSR, develop a Wave-specific Deployment Plan that lays out the Contractor's approach, timeline and tools to be used in execution of the Deployment activities in accordance with the VIP Lifecycle for Major COTS Programs: 5-Gate Approach and in alignment with EHRM planning documents including the EHRM Site Readiness Deployment Plan.

All PM Task Order deliverables shall be updated to reflect the applicable plans. At a minimum, the Wave-specific Deployment Plan shall contain the following:

- A. Project schedule that includes both a narrative and graphic format (per PM TO 1)
 - 1) Schedule including all sites for each wave.
 - 2) Staffing plan indicating named resources assigned to each task/activity that displays the schedule, milestones, and potential resourcing conflicts with parallel Cerner activities. The staffing plan will demonstrate the project schedule is fully resourced to allow for gate 1 requirements to be met.
 - 3) Risks imposed by the schedule.

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- 4) Work Breakdown Structure.
- B. Cerner methodology and approach for tailoring of deployment processes (Revised Cerner Deployment Playbook) with detailed activities/tasks and materials to the specific wave and associated sites. At a minimum, this shall detail the following:
 - 1) A list of all Cerner-provided hardware per site, installation schedule, and logistics support requirements.
 - 2) Tailored Wave Training Strategy including Site-specific training facility requirements that identify all logistics preparations to support the deployment training schedule. Requirements shall identify on-site training facility availability, leased space, modular units, end user equipment (desktop/laptops, printers, scanners), furnishings, power, HVAC, etc.
 - 3) Requirements for portable server rooms.

Deliverable:

- A. Wave 2 Deployment Plan

5.1.8 GATE 1: PROJECT INITIATION EXIT

Prior to commencing the design phase, the Contractor shall participate in a Milestone Decision Review to approve the overall Wave-specific Deployment Plan and Project Initiation Phase artifacts before progression to the Validate phase of Wave Deployment activities. Exit criteria for the Milestone Decision Review Gate 1, as modified, include:

| Contractor Gate Requirements | Corresponding artifact |
|--|---|
| Necessary resources are engaged | A. Project Management Plan B. Wave-specific Deployment Plan |
| Project governance is in place | A. Project Management Plan B. Wave-specific Deployment Plan |
| Change control process is in place and being utilized | A. Project Management Plan B. Wave-specific Deployment Plan |
| Wave-specific Cerner Site Review (CSR) complete | Wave-specific Cerner Site Review (per TO Wave 2 CSR) |
| Cerner-provided hardware installation plans are in place | A. Wave-specific Cerner Site Review (per TO Wave 2 CSR) B. Wave-specific Deployment Plan |

Upon VA approval of the exit criteria for Wave 2 deployment and VA provision of the authority to proceed, the Contractor shall enter the design phase for Wave deployment design activities.

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5.2 DESIGN PHASE FOR WAVE DEPLOYMENT

The Contractor shall execute deployment-related tasks defined in the following strategies and plans developed under the EHRM Project Management, Planning, Strategy and Pre-IOC Build Task Order (PM TO1) and/or any follow-on task order of this subject matter.

- a) PM TO1 paragraph 5.3.2: Change Management Strategy
- b) PM TO1 paragraph 5.3.3: Training Strategy
- c) PM TO1 paragraph 5.3.4: Stakeholder Communication Strategy and Plan
- d) PM TO1 paragraph 5.3.5: Workflow Development, Configuration and Normalization Plan
- e) PM TO1 paragraph 5.3.6: Deployment Management Strategy
- f) PM TO1 paragraph 5.3.7: Value Realization Strategy
- g) PM TO1 paragraph 5.4.4: Identity and Access Management Plan
- h) PM TO1 paragraph 5.4.7: Interoperability Plan
- i) PM TO1 paragraph 5.4.8: Technical Requirements Management Plan
- j) PM TO1 paragraph 5.4.9: Configuration Management Plan
- k) PM TO1 paragraph 5.4.10: Master Test Plan
- l) PM TO1 paragraph 5.4.11: Data Management Plan
- m) PM TO1 paragraph 5.4.12: Cybersecurity Management Plan
- n) PM TO1 paragraph 5.4.13: Implementation Management Plan

These Plans and Strategies are updated by the Contractor as required by the PM TO. Additional activities added to these plans and strategies during the period of performance may be deemed by the parties to be outside of the originally contemplated scope of this Task Order, and may be coordinated with VA using Optional Task 5.7 below as required.

Wave 2 Planning and Deployment includes all deployment site tasks required from initial executive briefing through configuration, testing, training, change management, deployment and transition to sustainment. Deployment of the EHRM solution shall comply with the Functional and Non-Functional Requirements Traceability Matrices appended to the IDIQ PWS. The Contractor shall conduct additional site reviews as required to fine-tune associated facility requirements.

The Contractor shall document all activities, status, issues and mitigations for this task and all of its subtasks as a sub-section to the Monthly Progress Report, entitled Monthly Deployment Status.

5.2.1 VA SITE KICK-OFF

The Contractor shall conduct VA local site kick-off activities which occur over a one to two-week period. The Executive brief at Wave deployment 2 sites will communicate deployment goals, outcomes, implementation strategy, program methodology, governance and facility leadership expectations and introduce the Contractor and site project teams:

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The Contractor shall:

- a) Prepare a site kickoff agenda detailing attendees, timeframes and topics for VA review and approval. The Contractor shall coordinate the appropriate lead times for all Site Kick-Off activities with VA PM.
- b) Coordinate an Executive Leadership Session.
- c) Complete the role assignment workshop and distribute role assignment education materials. Include role assignment status and issues in the Monthly Progress Report.
- d) Conduct a full site kickoff (Full project team beyond executive officer staff) which includes a General Information Session.
- e) Begin the site-specific data collection and set expectations for any site staff homework.
- f) Provide draft local project charter to be refined with National and Local VA leadership prior to workshops.

Deliverables:

- A. Site kickoff agenda
- B. Role assignment education materials
- C. Draft Local Project Charter

5.2.2 VALUE WORKSHOP

The Contractor shall work with site personnel to expand upon national value metrics and identify key, additional, local value focus areas during deployment. The Contractor shall collect historical, local baseline values as a basis for measuring improvement. The Contractor shall assist enterprise, VISN, and VAMC stakeholders with collecting appropriate current state baselines for the agreed upon value priorities within the Value Plans. The Contractor shall develop and obtain VA concurrence on value metrics, standards, reporting and timelines for evaluating the site EHRM deployment.

Deliverables:

- A. Value metrics, standards, reporting and timelines

5.2.3 LOCAL ITERATIVE WORKFLOW WORKSHOPS

The Contractor shall conduct iterative workshops at each deployment site with site personnel to review OEHRM National Standard Workflows and localize site workflows as appropriate. The local iterative workshops occur separately over a multiweek sprints. The Contractor shall work with VA to ensure local discrepancies are addressed and adjudicated through the defined VA change control process.

The Contractor shall:

- a) Provide schedules for Wave 2 deployment site iterative workshops at least 60 days in advance of each workshop.

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- b) Provide agendas at least 60 days prior to each workshop at a level sufficient to identify required site attendees. Agenda identifies workshop's proposed workflows, key cross department integrated workflows, user stories, and Data Collection Workbooks to be presented or validated. At least 3 weeks in advance of each workshop, provide finalized detailed agendas and present materials on regular calls as pre-briefs.
- c) Provide a visual depiction of EHRM design (Workflow Process Maps)
- d) Review the OEHRM National Standard Workflows that will be utilized at the deployment site.
- e) Review key cross department integrated workflows.
- f) Initiate critical thinking around what clinical workflows will look like in the future
- g) Review and document all gaps identified during current-state debrief and mitigation strategies.
- h) Continue data collection in DCWs.
- i) Conduct the workshops with participants co-located for the first week on-site or in Kansas City and the remaining weeks will be done with remote conference calls.
- j) Provide users with hands-on exposure to the build and provide supporting documentation.
- k) Support hands-on validation, which shall occur during the iterative workshops to ensure the workflow conforms to the future state workflows defined for IOC which meets the needs of the enterprise and which may be configured, as required, to the local sites' requirements.
- l) Document all current state department-level workflows prior to first workshop. Work with VA National and Local Stakeholders to finalize local project charter prior to first workshop.
- m)
- n) Store Local configuration data in Data Collection Workbooks at all times on a VA-approved repository.
- o) Demonstrate and document department-level workflows, both current state and future state, in the localized system with client participation.
- p) Document workflow issues and propose mitigation strategies.
- q) Contractor shall update workflows as a result of local site VA governance adjudication.
- r) Tailor local site configurations based upon hands-on practical application of information acquired during clinical adoption.
- s) Begin selection of integration validation script content.
- t) Begin developing test scripts, incorporating value objectives where applicable.

The Contractor shall provide workflow and testing artifacts to support the activities stated herein including Workflow process maps and completed workflows, monthly DCW and workflow submission, completed DCWs, documented items for governance adjudication, documented local workflows, issues and proposed mitigation, first draft test scripts for each deployment site's integration validation

For all Local Workshops, the Contractor shall:

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- a) Provide event space(s) for all Workshops .
- b) Ensure event space(s) meets Workshop requirements and consult with VA prior to selection.
- c) Ensure event space(s) and each meeting room is appropriately configured and has required Audio-Visual capabilities.

The Contractor shall document all local workflow-related activity in the Monthly Progress Report for all tasks performed in this section.

Deliverables:

- A. Detailed Workshop agendas
- B. Workflow and Testing Artifacts

5.2.4 MAINTENANCE PREPARATION

The Contractor shall train the VA local IT staff and Biomed staff on local configuration, including all details on initial set up as well as configuration modifications, and all technical areas such as device connectivity and printer set up as part of site preparation for go-live. Preparation topics shall include but not be limited to:

- a) Maintenance Preparation Documentation on methods VA users will assist with the installation, configuration and preparation activities for the site
- b) Onsite instruction of local biomed and IT staff on local configuration, e.g. device connectivity, printer, scanner and other connected hardware setup
- c) Definition of maintenance request process prior to and during go-live
- d) Documentation of Site Sustainment Support Process post-go live and how maintenance requests are handled and by whom (Contractor or local staff)
- e) Clinical areas included in maintenance preparation; preparation for high impact deployment items such as preparing local scheduling and surgery personnel on creation and maintaining commonly updated high impact go-live cutover items such as scheduling templates and preference cards.

Deliverables:

- A. Maintenance Preparation documentation
- B. Sustainment Site Support Process

5.2.5 DEPLOYMENT ISSUE MANAGEMENT AND HELP DESK SUPPORT

The Contractor shall provide issue management and help desk support planning and execution covering pre- go-live, go-live and Post Go-Live On-site Support to include ticket/issue categorization, follow-up, resolution, reporting and relevant Cerner commercial service level help desk service levels. The Contractor shall update Issue Management and Help Desk Support Plans reflecting any local-level unique requirements to be reviewed and concurred by VA prior to execution. Plans shall specify method and detail of recording of over the shoulder issue resolution, analysis of issue/trouble ticket trends to identify modifications to training/change management

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processes, and interfaces/hand-off to VA help desk systems for both EHRM issues and issues related to EHRM integrations that are not managed by Cerner. The Contractor shall provide the ability to categorize and report on issues/help desk tickets to differentiate technical trouble tickets from such items as configuration, enhancement or training needs.

Deliverable:

- A. Updates to Issue Management and Help Desk Support Plans

5.2.6 GATE 2: DESIGN EXIT

Prior to commencing the validation phase, the Contractor must ensure that key stakeholders are aligned in their understanding of necessary adjustments to national workflows and local configuration of the product to enable successful implementation. The Contractor shall participate in a Milestone Decision Review to approve the Design Phase artifacts before progression to the Validate phase of Wave 2 Deployment activities. Exit criteria for the Milestone Decision Review Gate 2, as modified from the VIP Deployment Guide for Major Programs, include:

| Contractor Gate Requirements | Corresponding artifact |
|---|---|
| Future State Workflows drafted (local) | Workflow Artifacts |
| Data Collection regarding local product configurations complete | Revised Configuration Management Plan |
| Local value objectives are identified and measures defined | Value metrics, standards, reporting and timelines |
| Local Training Strategy is finalized | Wave-specific Deployment Plan |
| Ticket resolution process defined and documented with local nuances | Updates to Issue Management and Help Desk Support Plans |

Upon VA approval of the design exit criteria for Wave 2 deployment and VA provision of the authority to proceed, the Contractor shall enter the validation phase for Wave deployment testing. Following agreement and VA authority to Proceed, the Contractor must assure that further changes are not made without a new round of Gate 2 Design Exit approvals.

5.3 VALIDATION PHASE FOR WAVE 2 DEPLOYMENT TESTING

5.3.1 SITE DEPLOYMENT ACTIVITIES

The Contractor shall perform the site deployment activities required to prepare for go-live of the EHRM system as described in the updated EHRM Implementation Reference Guide. The Guide shall provide a detailed cutover plan detailing the technical and operational tasks to prepare and cutover to site go-live to include technical and personnel requirements. Activities identified include, but are not limited to, those outlined below.

Medication Scanning

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The Contractor shall support the VA hospital pharmacies to prepare for go live and ongoing maintenance by scanning all medications on formulary, non-formulary and supplies considered to be part of the pharmacy inventory (i.e. adult incontinence briefs) before conversion.

The Contractor shall assist the VA Super Users and medication administration resources, pharmacy subject matter experts and local IT resources to scan medications and verify that they are stacked correctly in the formulary, and check all medications, including those in: Pharmacy shelves, Narcotics vault (this may require pharmacy staff supervision), IV room, Automated dispensing machines, Central supply, any other holding area that can be given to patients, such as radiology and surgery. The Contractor shall reference the VA Drug File as input to ensure capture of medications that are out of stock at the time of conversion.

The Contractor shall ensure that all pharmacy device integration is complete prior to go-live.

Schedule backloading

The Contractor will work with the site to determine the estimated timing of the backload and provide onsite support staff to assist VA Super Users in entering scheduled appointments needed in EHRM for go-live and beyond for inpatient and clinic schedules.

Lab Quality Control

The Contractor shall assist VA to run individual lab tests through the proper quality control process to help ensure analyzers are fully integrated and lab tests produce correct normal and abnormal results and indicators.

Hardware rollout

The Contractor shall monitor and report the status of local IT and facility teams' placement, connection and testing of any new hardware or related infrastructure required for the deployment. This hardware will include such items as label printers, signature pads, monitors and electrical drops.

User Configuration and Learning lab

The Contractor shall support events supporting user configuration. These sessions shall enable all end users to:

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- a) log into the system, change their passwords, synchronize with single sign on (SSO).
- b) create their patient lists, customize order creation.
- c) address other personalization options, e.g., PowerChart views and preferences.
- d) verify their credentials are appropriate.
- e) utilize the Learning Lab to try out system features.

Deliverable:

- A. Revised Cerner Deployment Playbook with detailed activities/tasks

5.3.2 SITE DEPLOYMENT PRE-PRODUCTION TESTS

As part of the Site Deployment Activities, the site deployment pre-production testing component will be executed by the Contractor. The site deployment pre-production test component consists of testing events that are in preparation for installation/go-live into production at VAMCs and its treating facilities.

Test events include, but are not limited to integration validation, medical device interface testing, and mock go-live testing. Integration Validation test events include system and integration tests by VA users of the EHRM system at the site and its associated facilities being deployed. Mock go live testing is an EHRM contractor led test event executed at the deployment sites by site users to simulate patient flow and test new documentation practices using patient scenarios.

The EHRM Contractor Master Test Plan provides detailed site deployment pre-production test event information as outlined in the detailed EHRM Cerner VA Deployment Playbook. The site deployment pre-production test will incorporate an end-to-end testing approach and system tests. The mock go-live test events in this component serve as the end-to-end system integration test.

The Contractor shall perform testing per the Master Test Plan including system, integration, and end to end testing. A system test consists of a single workflow and system use case that is based on patient or workflow scenarios that validate departmental design decisions and key workflows. Integration tests validate the interaction of multiple applications and foreign systems based on integrated (day-in-the-life) patient scenarios and test the entire patient stay from scheduling to billing. Integration testing has a specific focus on key interactions between different solutions, devices, and interfaces. Testing conducted under the Test and Evaluation Program Plan shall include specific workflows to inform a demonstration of end-to-end clinical use cases involving external stakeholders.

The Contractor shall:

- a) Develop the test scenarios, test cases, and test scripts in collaboration with EHRM TE resources and the CMO test liaisons.
- b) Provide to EHRM TE and place under configuration control the Testing Artifacts such as test scenarios, test cases as defined in the EHRM Test and Evaluation Plan.

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- c) Meet testing entrance criteria for site preproduction deployment testing which is defined in the EHRM Test Evaluation Program Plan including (1) successfully smoke test by the EHRM contractor of capabilities and configuration build of the EHRM product suite within the non-production environment ("Build" or "INT" domain) where the tests will be executed, (2) test artifacts such as test scripts are placed under configuration control, (3) training needed for testing resources has been completed, (4) test data required for test execution is available, (5) user access and position/roles have been assigned for testing resources.
- d) All historic, migrated, full fidelity imaging studies shall be made available to the VA commercial PACS solutions to supplement any images that are not stored locally either through pre-fetching or on demand acquisition and transition. The images shall be retrievable and available for transmission to the VA network in under 0.5 seconds.
- e) Execute Contractor Master Test and Evaluation Plan conducting the tests and evaluations as described in the plan throughout deployment, including the execution of the user test events at the site by VAMC/treating facility personnel with management by the contractor and oversight of the EHRM TE program.
- f) Provide Contractor Test Report of Findings/Test Analysis Report-before Go-Live Readiness Assessment. The Contractor Test Report of Findings/Test Analysis Report shall serve as the key test artifact for the formal deliverable process. Other test artifacts: test cases, test results, etc. shall be entered and maintained in tools as outlined in Contractor Master Test Plan and OEHRM Test Evaluation Master Plan as the work is being executed. The Report of findings/Test Analysis Report summarizes the results of the contractor led site testing activities such as integration validation, mock go live tests, medical device testing etc. Evidence of completing test cases is documented and placed under configuration control.
- g) Resolve all open severity 1 and severity 2 findings for the Contractor EHRM suite of products before go-live at the site or have a plan of action for resolution that has been approved by EHRM Program Executive Office. Severity and priority definitions are defined in the EHRM Test Evaluation Program Plan.

The Contractor shall document all activities, status, issues and mitigations for this task as a sub-section of the Monthly Progress Status Report entitled, Monthly Testing Status.

Deliverable:

- A. Contractor Testing Artifacts (Test Cases and Test Scripts)
- B. Historic, migrated, full fidelity imaging studies
- C. Daily Test Report of Findings/Test Analysis Report

5.3.3 EHRM TEST EVALUATION SUPPORT

Concurrently with the site deployment activities, the EHRM TE resources and the user community resources identified by the EHRM Program office are executing the test

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components outlined in the Test Evaluation Program Plan for Enterprise Test & Enterprise User test.

The Contractor shall:

- a) Provide support services for the VA test & evaluation test components/events including items such as participation in test and evaluations defect/issues process, assistance in troubleshooting/triaging, jointly troubleshooting issues that appear to be development/test environment related, responding to findings from test and evaluation activities.
- b) Support readiness reviews such as test readiness review as required by VA and shall compile data for VA submission for readiness and respond to request for changes resulting from those reviews as necessary.
- c) Support compliance reviews such as Section 508 Audit by VA and shall compile data for VA submission compliance reviews and respond to request for changes resulting from those reviews as necessary.
- d) Provide support to VA resources in the creation and provision of test data for test events executed. Test data creation and provision within the EHRM system for contractor test events will be provided by the contractor.
- e) Provide user/superuser training and other training identified as required for the VA Test and Evaluation government and contract resources (which can include subject matter experts/members of the user community) to successfully execute test and evaluation activities as early as possible in the EHRM baseline preparation and wave planning deployment timelines. To the maximum extent possible, Contractor shall leverage MHS Genesis training materials that are applicable in areas such as EHRM system functionality common to VA and DoD to provide training as early as possible.

The Contractor shall document all activities, status, issues and mitigations for this task in the Monthly Testing Status sub-section of the Monthly Progress Report.

5.4 TRAINING PHASE FOR WAVE 2 DEPLOYMENT TRAINING

5.4.1 PRE-DEPLOYMENT TRAINING

The Contractor shall execute training tasks and tailor training methodologies to the deployment environment and workflows that will meet the needs of end-users. Training methodologies may include: instructor-led classroom, Computer Based Training (CBT), and over-the-shoulder training.

The Contractor shall be responsible for providing training to the medical facilities' trainers, as well as, end-users (functional, technical, and administrative) in accordance with the VA-approved Training Strategy. "Train-the-trainer" (T3) training shall include VA staff serving as clinical champions, super users, and local trainers. Site-specific training timeframes will be tailored to facility requirements.

The Contractor shall:

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- a) Propose a training schedule for VA review and approval
- b) Customize the national training playbook for site-specific requirements.
- c) Provide EHRM training to end-users including but not limited to the following personnel: functional, technical, administrative, and help desk staff
- d) Provide training to Vet Centers on utilization and navigation of EHRM read-only functionality tailored to Vet Center requirements.
- e) Ensure EHRM end-users and trainers obtain the skill sets necessary to utilize EHRM and incorporate it into their daily workflows (e.g., End User Training (EUT) and Role-based EUT)
- f) Validate adequacy of training facilities and resources to meet site training requirements (e.g. computers, printers, projectors, connectivity, etc.) and provide alternate training facilities and/or resources as required
- g) Update EHRM Training Materials to reflect site-specific workflows in preparation for training support and change management
- h) Deliver role-based training based on the Role-Tailored Course Curriculum delivered in the Functional Baseline Design and Development Task Order.
 - a. Conduct detailed role mapping workshops/exercises to provision roles to VA users.
 - b. Conduct specific training to VA on Cerner roles and the role mapping process
- i) Plan, develop and execute multi-platform training strategies including: instructor-led classroom, CBT, and over-the-shoulder training to ensure preparation and facilitate adoption of EHRM functionality
- j) Provide an optional certification training program to VA training staff (trainers/education) that will enable the VA to train and certify VA trainers/end users in the EHRM training content provided by the Contractor
- k) Provide enhanced training to super users and clinical champions
- l) Administer competency tests and conduct User Experience Satisfaction Surveys in accordance with the Training Materials. Report the percentage of users who have passed the competency test and summary of User Experience Satisfaction Surveys in the Monthly Deployment Status sub-section of the Monthly Progress Report
- m) At the request of VA leadership, update the site training schedule to accommodate Government approved changes.

5.4.2 EHRM SITE TRAINING

The Contractor shall conduct site-specific workflow focused user training in accordance with PM TO1 paragraph 5.3.3 or its follow-on TO: Training Strategy including hands on computer courses, interactive classroom instruction and system access for independent practice before go-live. Site-specific training shall be tailored to focus on the localized EHRM modules, workflows, and system build to be deployed at each site. Training shall cover technical, role-based system navigation and use, role-based workflows and informatics topics. The Contractor shall:

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- a) Offer computer-based training (CBT) courses prior to instructor-led training (ILT). These courses will be assigned to each user based on his or her new role in the system. The Contractor shall track and report on CBT usage and completion statistics.
- b) Provide trainers to host the ILT at the facility or at an off-site location if facility space is not available.
- c) Provide Cerner certified trainers including a training manager for each site:
 - i. Training managers and certification trainers shall have a minimum of 12 months Cerner training experience
 - ii. On-site trainers shall have prior EHR implementation experience and Cerner certification training
 - iii. Cerner certification training shall include familiarization with VA-specific workflows and structure.
- d) Provide technical and workflow trainer and super user training to focus on the EHRM and address common mistakes. Super user training shall:
 - i. Provide an in-depth understanding of system functionality in the context of department and user group workflows
 - ii. Provide users with the means to continue independent practice
 - iii. Include change management topics and guidance for assisting peers with change
- e) Provide a network of adoption resources and just-in-time training resources for on-the-job support during testing events and go-live.
- f) Provide contextual job aids, tip sheets and other readily available reference documentation for testing, training and go-live events. Provide printed training materials for End-users including Participant Guides, Self-paced Playbook Activities, Reference Guides, and Tip Sheets.
- g) Provide extensive training and on-site support to ensure efficient and controlled role assignments coordinated with VA clinical staff.
- h) Support the use of VA Mockups of the medical operational environment (e.g. sim labs/learning centers) in which end users will interact with EHRM to be used for training and other end user engagement activities.
- i) Work closely with VA EHRM resources to determine which facility/site test data within non-production/domains would be used in support of the VA Mockups environment particularly which facility/site the medical devices in the VA Mockup operational environment would be setup against.
- j) Provide tailored, Site-Specific EHRM training materials to the VA Education Group to be loaded in the VA-approved training system. Training materials shall be refreshed on a quarterly basis to reflect EHRM updates where appropriate.
- k) Provide off-site training facilities where space is limited at VA deployment site, if necessary, as exercised by PWS Section 5.14.

The Contractor shall provide training on HealtheIntent functionality to the appropriate end-user community.

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The Contractor shall include a monthly Training Status Report in the Monthly Deployment Status sub-section of the Monthly Progress Report, including a description of training status, issues, tailoring of training materials to reflect the site-specific implementation, ILT participant and instructor guides, super user training materials, training user assessments and answer keys, and recommended process and status for remedial training.

5.4.3 GO LIVE READINESS ASSESSMENT AND DEPLOYMENT/RELEASE

The Contractor shall conduct a Go Live Readiness Assessment (GLRA) to help ensure facility readiness. The GLRA shall review, identify and mitigate the individual site's risks and issues requiring resolution prior to go live. After identification of the risks, the Contractor shall address the issues until resolution. The Contractor shall create a Cut-Over Checklist identifying all tasks, responsibilities and timeframes for go-live. The Contractor shall provide an Onsite Contractor Support staffing plan for the go-live period, and identify VA support required to support go-live activities. The Contractor's Onsite Contractor support staffing plan shall indicate staffing "at-the-elbow" support at a pre-determined ratio (e.g., 1 Cerner resource: 20 VA provider resources) to be mutually agreed by VA and Cerner. This dedicated resourcing is of particular importance during go live, which will minimize impact to the end user's workflow.

The Contractor shall:

- a) Establish a command center at every Go Live site consisting of members from the VA clinical champions, super users, and Cerner deployment support resources. The command center will serve as a centralized resource hub to assist with Go Live activities.
- b) Identify risks and areas of weakness that could prevent go-live
- c) Help ensure mitigation plans are in place to address any concerns
- d) deliver a system status and a mitigation plan for outstanding GLRA items
- e) track risks and issues to closure/mitigation thru recurring meetings/calls; document issues in a Daily Issue summary throughout the go-live period.
- f) provide an introduction of the sustainment process following go-live to the deployment site for VA review and approval.

The Contractor shall conduct a Pre-Go-Live Review following the VIP process with site stakeholders outlining the status of pre-deployment activities, and the tasks, responsibilities and support required from VA during go-live. Following the Review, the Contractor shall obtain official VA Go-Live Authorization by obtaining approvals from the key stakeholders including:

- a) VA test lead
- b) VA deployment manager
- c) VAMC/VAHCS Director
- d) Site clinical lead
- e) Facility engineering lead
- f) OI&T Area Manager

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g) Site Training manager

The Contractor shall document VA approvals and Cerner gateway completion in a Critical Validation and Training Gateway Signoff /Go-Live Authorization.

Deliverable:

- A. Cut over checklist
- B. Onsite Contractor Support staffing plan
- C. Critical Validation and Training Gateway Signoff/Go-Live Authorization.

5.4.4 GATE 3: VALIDATION/ACTIVATION (GO-LIVE ENTRY)

This Milestone Decision Review Gate Event occurs after all (pre-deployment) testing is complete and the Product Manager believes the build or product is ready for release and addresses all relevant compliance requirements. This modified gate is also used to verify that all (pre-deployment) training is complete and final release communications, environment updates and site logistics have been completed, indicating a readiness for Go-Live/Activate Phase. The Contractor shall participate in a Milestone Decision Gate Review to approve the Validation and Training phase artifacts before progression to the Activate phase of Wave Deployment activities. Exit criteria for this Milestone Decision Review Gate, as modified from the VIP Deployment process for Major Programs, include:

| Contractor Gate Requirements | Corresponding Artifact |
|--|---|
| Pre-conversion checklist complete, cutover checklist ready | A. Site Readiness Checklist B. Cut-over Checklist |
| All solutions are configured and aligned to best practices | A. Workflow Development, Configuration and Normalization Plan B. Revised Configuration Management Plan |
| Testing is complete and all key issues resolved | Testing Artifacts |
| IT, VHA Support Staff, and end user training and related competencies are complete | A. Project Management Plan B. Critical Validation and Training Gateway Signoff/Go-Live Authorization |
| Go-Live and Post-Go Live support and issue management plan is in place | Issue Management and Help Desk Support Plans |

Upon VA approval of the exit criteria for Wave 2 deployment and VA provision of the authority to proceed, the Contractor shall enter the Activate phase for Wave deployment Go-Live and Post-Deployment Support.

5.5 ACTIVATE PHASE FOR WAVE 2 DEPLOYMENT GO-LIVE AND POST GO-LIVE

5.5.1 GO LIVE EVENT

The Contractor shall conduct go-live activities following Cerner commercial practice tailored to VA site requirements. Go live activities shall include items specific to VA including:

- a) Production migration of HealthIntent data to Millennium for deployment sites.
- b) Production release of Cerner-developed interfaces/ changes to VA-owned applications required for go-live
- c) Production release of VistA deprecation/sunsetting code required for go-live
- d) Production release of national and local registries for go-live
- e) Production release of national and local reports for go-live
- f) Production release of national and local analytic/telehealth capabilities for go-live
- g) Deployment of Cerner application to deployment site end-user devices

The Contractor shall document go live status, open issues, issues resolved and mitigations in a Daily Go Live Status Report. Go Live trouble tickets/activity reports shall be reviewed with VA to reach a joint decision on when the Go Live activities are complete and the Post-Deployment Support period is initiated.

5.5.2 POST-PRODUCTION HEALTH CHECK AND DEPLOYMENT COMPLETION

The Contractor shall document deployment activities and results to support joint VA/Cerner agreement on successful deployment completion. These documents shall be compiled in Deployment Completion Documentation including:

- a) An onsite health check/performance check. Using data analytics and end-user feedback, the Contractor Value team shall perform an assessment of the project's tactical and strategic outcomes. The assessment identifies successes and those areas in need of further attention and provides recommendations on next steps towards improvements. Site Key Performance indicators (KPI) will be reviewed with site executive leadership and the Contractor will make recommendations on mitigations to address improvement areas and potential adjusted or new KPIs for further improvements to Veteran care
- b) Based upon the onsite health check/performance check, identify and document areas that require optimization and specify the optimizations to be made in a requirements specification.
- c) Lessons learned for inclusion in future deployments; updated deployment plans and schedules to incorporate lessons learned.
- d) Statistics on training results, user adoption, monthly user satisfaction surveys
- e) Documentation on successful completion of technical and functional end-user and super user training for all modules implemented during deployment.

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- f) Validation that super-user and end-user's competency, confidence and satisfaction targets were achieved
- g) Number and analysis of outstanding trouble tickets with trend identification and plans for resolution. Validation that severity 1 and severity 2 trouble tickets have been successfully resolved.
- h) Post-deployment performance measurement/ analysis of results and plans for improvement
- i) Validation that VA pre-defined and approved Key Performance Indicator (KPI) metrics meet acceptable levels
- j) Documentation that all functional and non-functional requirements for deployment have been met.
- k) Validation of the following:
 - 1. Value objectives are trending toward goals
 - 2. Performance and operational metrics are trending positively and that no unresolved significant solution issues remain
 - 3. Technical and functional issues, training, and change management are being managed effectively

The Contractor shall document VA review and approval of the Deployment Completion Documentation by obtaining sign-off from:

- a) VA Deployment Manager
- b) VAMC Director
- c) Facility OI&T field representative
- d) Facility site and engineering manager
- e) Site Training manager
- f) VISN Director
- g) OEHRM CMO or designee
- h) OEHRM CTO or designee

On-site support provided by the Contractor shall continue until the Certification of Deployment Completion has been signed by all parties and approved by the VA Deployment TO PM. The Certification of Deployment Completion signals approval for Cerner to transition from the deployment gateways to sustainment mode.

Deliverable:

- A. Optimization Specification
- B. Deployment Completion Documentation
- C. Certificate of Deployment Completion and Transition to Sustainment

5.5.3 POST-DEPLOYMENT SUPPORT

The Contractor shall provide Post Go-Live On-Site Support (OSS) activities for at least 90 days at the deployment site and/or until the Certificate of Deployment Completion described in PWS task 5.9 is signed. Post Go-Live support activities include, but are not limited to, providing 24/7 over-the-shoulder support, troubleshooting system issues, and assisting end-users with workflow support by continued mapping and gapping the new

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business processes. The Contractor shall provide detailed training to leaders across the sites that facilitates ongoing adoption and identifies needs for additional training requirements. This shall include:

- Lights On training – that facilitates the monitoring of system downtime for identification of defects and/or maintenance requirements
- Advance training – that facilitates monitoring at the individual provider level (e.g., "mouse miles," or number of clicks to educate a function, etc.)

The Contractor shall also provide 24x7x365 Post Go-Live support remotely via the Millennium Service Desk (MSD) and Application Management (AMS) to assist with basic resolution, troubleshooting and configuration as it relates to the Contractor solutions being provided. The Contractor shall document issues and resolution status in a Daily Issue Summary to be reviewed with the VA deployment team daily throughout the Post-Deployment period.

Deliverable:

- A. Daily Issue summary for post-deployment period

5.5.4 GATE 4: WAVE COMPLETION (GO-LIVE EXIT)

The goal of the final gate, Go-Live Exit, is to ensure that the targeted value of the project was achieved.

The Contractor shall participate in a Milestone Decision Gate Review to approve the Activate phase artifacts and to verify that the VA's "definition of done" has been achieved. Exit criteria for this Milestone Decision Review Gate, as modified, include:

| Vendor Gate Requirements | Corresponding Artifact |
|--|---|
| Super-user and end-user's competency, confidence and satisfaction targets were achieved | A. Deployment Completion Documentation B. Certificate of Deployment Completion and Transition to Sustainment |
| Value objectives are trending toward goals | A. Value metrics, standards, reporting and timelines B. Deployment Completion Documentation C. Certificate of Deployment Completion and Transition to Sustainment |
| Performance and operational metrics are trending positively and no unresolved significant solution issues remain | A. Deployment Completion Documentation B. Certificate of Deployment Completion and Transition to Sustainment |
| Issues and changes are being managed effectively | A. Deployment Completion Documentation |

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| | |
|--|---|
| | B. Certificate of Deployment Completion and Transition to Sustainment |
| IT and VHA support staff and end user training is complete | A. Deployment Completion Documentation B. Certificate of Deployment Completion and Transition to Sustainment |

Upon VA approval of the exit criteria for Wave 2 deployment and VA provision of the authority to proceed, the Contractor shall be authorized to enter the measure phase, as defined by the VIP process.

Once approved, the Contractor shall measure and report against a broad set of metrics and Key Performance Indicators (KPIs) defined in TO 5, Functional Baseline, that are tiered across measurement categories of clinical quality, safety, operational, adoption and EHRM user satisfaction. The value measurement reporting process is an ongoing and iterative approach that includes review with appropriate EHRM governance infrastructure and VISN leadership to facilitate reporting against KPIs and metrics to ensure business and clinical operations are tracking at or above pre-conversion levels.

5.6 EHR SOFTWARE

The Contractor shall provide all licensing required to successfully deploy the EHR solution to Wave 2 facilities.

5.7 ADDITIONAL TECHNICAL SUPPORT (OPTIONAL TASK)

Throughout the PoP, there may be additional deployment activities identified requiring analysis, design, development, testing, release and/or deployment. This additional technical support may be required within the overall PWS PoP to include the base and option period. This optional task may be exercised multiple times during the base and option period up to the established CLIN ceiling, which will consist of negotiated labor categories and hours established at the Task Order level. Optional tasks executed through the below process will exercise labor categories and hours from the established ceiling.

VA may exercise the optional task upon written notification from the Contracting Officer. This option may be utilized to obtain tasks as described in PWS sections 5.2 through 5.5. VA will provide a description of the required functionality. The Contractor shall provide VA with a written proposal detailing the approach and resources utilizing the negotiated ID/IQ labor categories and rates from. VA will perform an analysis to determine if the approach and technical and price proposed are reasonable. The price for each optional task shall be negotiated on a FFP basis prior to each exercise of the optional task.

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6.0 GENERAL REQUIREMENTS

6.1 PERFORMANCE METRICS

The table below defines the Performance Standards and Acceptable Levels of Performance associated with this effort. The Government may also utilize the commercially available and VA-specific Key Performance Indicators (KPIs) and Service Level Agreements (SLAs) defined at the ID/IQ level to measure performance under this TO, as applicable.

| Performance Objective | Performance Standard | Acceptable Levels of Performance |
|--|---|---|
| A. Technical / Quality of Product or Service | <ol style="list-style-type: none">1. Shows understanding of requirements2. Efficient and effective in meeting requirements3. Meets technical needs and mission requirements4. Provides quality services/products5. Meets performance thresholds/metrics defined in applicable Service Level Agreements6. All user roles are assigned in advance of go-live7. All users have validated ability to access appropriate role-based functions in advance of go-live8. Capacity requirements validated to support usage requirements9. Meets ticket/issue resolution response times based upon severity level defined at the ID/IQ level and EHRM Test Evaluation Program Plan10. Ticket numbers and severity trending downwards at completion of Post-Deployment Support period | Satisfactory or higher |

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| Performance Objective | Performance Standard | Acceptable Levels of Performance |
|------------------------------------|--|---|
| | 11. Super users trained in each clinical area to provide ongoing support after deployment completed. 12. Validation of training completion and mitigation of training issues. | |
| B. Project Milestones and Schedule | 1. Quick response capability 2. Products completed, reviewed, delivered in accordance with the established schedule 3. Notifies customer in advance of potential problems | Satisfactory or higher |
| C. Price & Staffing | 1. Currency of expertise and staffing levels appropriate 2. Personnel possess necessary knowledge, skills and abilities to perform tasks 3. 100% of training staff have a comprehensive understanding of the Cerner solution and competency level required to adequately train end-users | Satisfactory or higher |
| D. Management | 1. Integration and coordination of all activities to execute effort | Satisfactory or higher |

The COR will utilize a QASP throughout the life of the TO to ensure that the Contractor is performing the services required by this PWS in an acceptable level of performance. The Government reserves the right to alter or change the QASP at its own discretion. A Performance Based Service Assessment will be used by the COR in accordance with the QASP to assess Contractor performance.

6.2 SECTION 508 –INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) STANDARDS

All requirements in Sections 8.10, including subparagraphs, of the EHRM Basic PWS apply to this effort. Deliverable requirements are further defined in the following subparagraphs. The Contractor shall comply with the technical standards at: <https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/single-file-version>

6.2.1 REPRESENTATION OF CONFORMANCE

The Contractor shall provide a Section 508 Subject Matter Expert lead for VA EHRM 508 resources to work with. The Contractor shall adhere to the VA-approved Section 508 Test and Delivery Plan and Section 508 Accessibility Roadmap delivered under TO 0002. The Contractor shall update the Government Product Accessibility Template (GPAT) and/or Voluntary Product Accessibility Template (VPAT) delivered under TO 0002 to indicate the level of Section 508 conformance as updates are made to its products and/or services to ensure and sustain 508 compliance.

The Contractor shall work closely with VA Section 508 representatives to verify Section 508 conformance of its products and/or services.

6.2.2 ACCEPTANCE AND ACCEPTANCE TESTING

The Contractor shall provide Final Section 508 Compliance Test Results. The Section 508 Test Results shall include a GPAT/VPAT Conformance Statement validating conformance to Section 508 Refresh Success Criteria and Conformance Requirements for already-developed ICT deliverables.

The Final Section 508 Test Results shall be reviewed and approved by VA Section 508 representatives to validate conformance to Section 508 Refresh Success Criteria and Conformance Requirements for ICT deliverables.

For software development for VA interfaces/systems, the Contractor shall prepare and submit a Section 508 Conformance Validation Package with content as outlined in VA Process Asset Library, Software Development Product Build process map.

The Section 508 Conformance Validation Package shall be reviewed and approved by VA Section 508 representatives to validate conformance to Section 508 Refresh Success Criteria and Conformance Requirements for ICT deliverables.

Automated test tools, manual techniques, and checklists are used in the VA Section 508 compliance assessment.

Deliverable:

- A. Final Section 508 Compliance Test Results for ICT Deliverables
- B. Section 508 Compliance Validation Package for ICT Deliverables

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6.3 SHIPMENT OF HARDWARE OR EQUIPMENT

Shipment of Cerner-provided hardware shall be coordinated with the VA COR prior to shipment date.

6.4 ORGANIZATIONAL CONFLICT OF INTEREST

All functions related to Acquisition Support shall be on an advisory basis only. Please be advised that since the awardee of this Task Order will provide systems engineering, technical direction, specifications, work statements, and evaluation services, some restrictions on future activities of the awardee may be required in accordance with FAR 9.5 and the clause entitled, Organizational Conflict of Interest, found in Section H of the EHRM basic contract. The Contractor and its employees, as appropriate, shall adhere to the corporate-level Non-Disclosure Agreement signed under TO 0001.

6.5 DELIVERABLES

The Contractor shall provide deliverables for Government review and acceptance IAW with Section B.2 of the Task Order. The Contractor shall incorporate Government feedback provided via the OEHRM Deliverables review process into Task Order deliverables as applicable. Feedback shall be incorporated in either the resubmission or next required submission of the deliverable based upon the timeframe in which it is provided by the Government. For Government feedback requiring additional discussion and/or clarification, the Contractor shall coordinate language updates with VA to resolve and finalize revisions to the affected deliverable. The Contractor shall appropriately mark and date deliverables to maintain version control using the following format: TO Number – CLIN Number Formal Deliverable Title – Deliverable Due Date IAW Section B.2– Version X.X. The Contractor shall annotate major (initial submission) and minor (resubmission) deliverable releases using a numerical system (e.g. Initial submission: TO 0001 – 0001AA Contractor Project Management Plan - August 2018 – Version 1.0; Resubmission: TO 0001 – 0001AA Contractor Project Management Plan – August 2018 – Version 1.1). Resubmitted deliverables shall maintain the original due date defined in Section B.2 of the TO. The Contractor shall provide discrete deliverables in separate email submissions. Email submissions shall include the Contract/Task Order numbers and corresponding deliverable CLIN number. The Contractor shall track updates in both major and minor deliverable releases in an agreed upon format, such that the Government can identify and review language revisions for acceptance.

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CONTRACTOR EMPLOYEE

PERSONAL FINANCIAL INTEREST/PROTECTION OF SENSITIVE INFORMATION AGREEMENT

This Agreement refers to Contract/Order _____ entered into between the Department of Veterans Affairs and _____ (Contractor).

As an employee of the aforementioned Contractor, I understand that in connection with my involvement in the support of the above-referenced Contract/Order, I may receive or have access to certain “sensitive information” relating to said Contract/Order, and/or may be called upon to perform services which could have a potential impact on the financial interests of other companies, businesses or corporate entities. I hereby agree that I will not discuss or otherwise disclose (except as may be legally or contractually required) any such “sensitive information” maintained by the Department of Veterans Affairs or by others on behalf of the Department of Veterans Affairs, to any person, including personnel in my own organization, not authorized to receive such information.

“Sensitive information” includes:

- (a) Information provided to the Contractor or the Government that would be competitively useful on current or future related procurements; or
- (b) Is considered source selection information or bid and proposal information as defined in FAR 2.101, and FAR 3.104-4; or
- (c) Contains (1) information about a Contractor’s pricing, rates, costs, schedule, or contract performance; or (2) the Government’s analysis of that information; or
- (d) Program information relating to current or estimated budgets, schedules or other financial information relating to the program office; or
- (e) Is properly marked as source selection information or any similar markings.

Should “sensitive information” be provided to me under this Contract/Order, I agree not to discuss or disclose such information with/to any individual not authorized to receive such information. If there is any uncertainty as to whether the disclosed information comprises “sensitive information”, I will request my employer to request a determination in writing from the Department of Veterans Affairs Contracting Officer as to the need to protect this information from disclosure.

I will promptly notify my employer if, during my participation in the subject Contract/Order, I am assigned any duties that could affect the interests of a company, business or corporate entity in which either I, my spouse or minor children, or any member of my immediate family/household has a personal financial interest. “Financial interest” is defined as compensation for employment in the form of wages, salaries, commissions, professional fees, or fees for business referrals, or any financial

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investments in the business in the form of direct stocks or bond ownership, or partnership interest (excluding non-directed retirement or other mutual fund investments). In the event that, at a later date, I acquire actual knowledge of such an interest or my employer becomes involved in proposing for a solicitation resulting from the work under this Contract/Order, as either an offeror, an advisor to an offeror, or as a Subcontractor to an offeror, I will promptly notify my employer. I understand this may disqualify me from any further involvement with this Contract/Order, as agreed upon between the Department of Veterans Affairs and my company.

Among the possible consequences, I understand that violation of any of the above conditions/requirements may result in my immediate disqualification or termination from working on this Contract/Order pending legal and contractual review.

I further understand and agree that all Confidential, Proprietary and/or Sensitive Information shall be retained, disseminated, released, and destroyed in accordance with the requirements of law and applicable Federal or Department of Veterans Affairs directives, regulations, instructions, policies and guidance.

This Agreement shall be interpreted under and in conformance with the laws of the United States.

I agree to the Terms of this Agreement and certify that I have read and understand the above Agreement. I further certify that the statements made herein are true and correct.

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| Signature and Date | Company |
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| Printed Name | Phone Number |
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